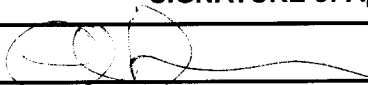


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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Patent Number</b>	6,654,400
	<b>Grant Date</b>	November 25, 2003
	<b>First Named Inventor</b>	Mason, et al.
	<b>Title</b>	Method of Making a Tunable Laser Source With Integrated Optical Amplifier
	<b>Art Unit</b>	
	<b>Examiner Name</b>	
	<b>Attorney Docket Number</b>	74836-368364

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application.			
<input type="checkbox"/> A Power of Attorney is submitted herewith. <b>OR</b> <input checked="" type="checkbox"/> I hereby appoint the practitioners at Customer Number : <span style="border: 1px solid black; padding: 2px 20px;">25764</span>			
<input type="checkbox"/> Please change the correspondence address for the above-identified application to: <input type="checkbox"/> The address associated with Customer Number: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 30px; vertical-align: middle;"></span> <b>OR</b>			
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I am the: <input checked="" type="checkbox"/> Applicant/Inventor. <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
<b>SIGNATURE of Applicant or Assignee of Record</b>			
Signature			
Name	Christopher Dewees, President		
Date	July 7, 2008	Telephone	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input type="checkbox"/> *Total of ____ forms are submitted.			

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